

09804978

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
10-12-06 CLAIMS							09804978	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/		/		51	
2		/		/		/	52	
3		/		/		/	53	
4		/		/		/	54	
5		/		/		/	55	
6		/		/		/	56	
7		/		/		/	57	
8		/		/		/	58	
9		/		/		/	59	
10	/		/		/		60	
11		/		/		/	61	
12	/		/		/		62	
13	/		/		/		63	
14		/		/		/	64	
15	/		/		/		65	
16		/		/		/	66	
17		/		/		/	67	
18		/		/		/	68	
19		/		/		/	69	
20		/		/		/	70	
21		/		/		/	71	
22	/		/		/		72	
23		/		/		/	73	
24		/		/		/	74	
25		/		/		/	75	
26		/		/		/	76	
27		/		/		/	77	
28		/		/		/	78	
29		/		/		/	79	
30		/		/		/	80	
31		/		/		/	81	
32	/		/		/		82	
33		/		/		/	83	
34		/		/		/	84	
35		/		/		/	85	
36	/		/		/		86	
37	/		/		/		87	
38		/		/		/	88	
39		/		/		/	89	
40		/		/		/	90	
41		/		/		/	91	
42		/		/		/	92	
43		/		/		/	93	
44		/		/		/	94	
45		/		/		/	95	
46		/		/		/	96	
47		/		/		/	97	
48		/		/		/	98	
49		/		/		/	99	
50		/		/		/	100	
TOTAL IND.	8		8		8		TOTAL IND.	
TOTAL DEP.	29		29		29		TOTAL DEP.	
TOTAL CLAIMS	37		37		37		TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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